



Arnold Schwarzenegger  
GOVERNOR

# CALIFORNIA ARCHITECTS BOARD

PUBLIC PROTECTION THROUGH EXAMINATION, LICENSURE, AND REGULATION

2420 DEL PASO ROAD, SUITE 105, SACRAMENTO, CA 95834

[cab@dca.ca.gov](mailto:cab@dca.ca.gov)

916-574-7220 T

916-575-7283 F

## REASONABLE ACCOMMODATION REQUEST FOR CALIFORNIA SUPPLEMENTAL EXAMINATION (CSE)

In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the California Architects Board provides "reasonable accommodations" for candidates with disabilities that may affect their ability to take required examinations. It is the **candidate's** responsibility to notify the Board of the desired accommodation(s). We are not required to provide accommodations if we are not notified of your needs.

Your request for reasonable accommodation must be submitted with the examination application or at least **45 days** prior to taking the exam. This form and other documentation will become a part of your examination record. Accommodations will not be provided at the examination site unless prior approval by the Board has been granted.

Please print clearly:

Last / First / Middle Name:

Candidate ID Number:

Address:

City:

State:

Zip Code:

Business Telephone:

Residence Telephone:

Please respond to the following. Attach additional sheets if needed.

1. What is the nature and extent of your disability (e.g., hearing impairment, learning, acrophobia, etc.)?

2. Describe the medical accommodations requested (e.g., signer, additional testing or reviewing time, heights, etc.).

Please provide the Board with verification of your medical condition, on official letterhead, from a licensed or certified health care professional, supporting your medical accommodations request. The Professional Evaluation for Reasonable Accommodation Documentation Form on the following page may be used in lieu of the health care professional's official letterhead. The Board will not pay any costs you may incur in obtaining the required documentation. The Board will pay for pre-approved accommodations during the examination administration.

Upon receipt of the required documentation, the Board will make a decision after reviewing your request. You will be notified in writing of the Board's decision.

I **certify** under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I certify that I will not discuss the exam content with anyone other than authorized representatives of the Board. I give my permission for the Board to contact the professional verifying my disability to discuss the findings of their report, if necessary.

Candidate Signature

Date

## VERIFICATION OF REQUEST FOR ACCOMMODATION

Professional verification of the candidate's disability must be submitted to the Board on the official letterhead stationery (or the attached form) by a licensed or certified health care professional and include the following:

- a. The nature and extent of the disability. The diagnosis should indicate how the condition substantially limits **major life activities** and its anticipated duration.
- b. The effect of the disability on the candidate's ability to perform under normal testing conditions.
- c. What special provision or modification the medical authority is recommending (e.g., signer, extended testing/reviewing time, separate testing facility, etc.).
- d. Name, title and telephone number of the medical authority or specialist.
- e. Original signature of the medical authority or specialist.
- f. Professional license or certification number of the health care professional.

A candidate with a **learning disability** must submit the above information from one of the following learning disability specialists:

- a. Licensed psychologist
- b. Learning disability specialist practicing in a college or university Learning Disabled Center
- c. Learning disability professional in public or private practice with a Doctorate in Special Education
- d. Learning disability specialist licensed by the state
- e. Neurologist

The professional verification **must** respond to all of the above items in order for the request to be considered.

Candidates are given the option to review a set of project scenario documents in a secure area for up to 20 minutes to familiarize with the project that will be the basis for examination. Candidates should use the review opportunity to get an overall picture of the context for the examination before individual questions are asked. Because the documents are available throughout the exam, **NO notes** can be taken. The examination questions do not require candidates to memorize in-depth knowledge of specific details about the project scenario. Though not every question requires the candidate to reply to information from the project scenario documents, it is important to incorporate the scenario context into responses where appropriate. Many of the questions require the candidate to apply his or her understanding of architectural practice to the particular features and characteristics of the project scenario, such as its site conditions, program requirements, and regulatory concerns.

The format of the California Supplemental Examination (CSE) is a structured oral examination that lasts approximately 1.5 hours. During the CSE, the candidate is required to demonstrate through oral responses his or her overall understanding of architectural practice. A panel of three architect commissioners asks the candidate approximately 30 predetermined questions. The candidate's response is graded in relation to predetermined, standardized criteria. The 1.5 hours allotted for the CSE should be adequate for the candidate to respond to all questions; however, a candidate is not penalized if more time is needed.

Please note that all of the items must be submitted at least 45 days prior to a desired test date. The candidate will be notified in writing if approved.

The spouse of neither the candidate nor any individual related to the candidate by blood or marriage cannot provide professional verification of the candidate's disability.

The candidate must provide the above information with regard reasonable accommodation(s) request to:

California Architects Board  
2420 Del Paso Road Suite 105  
Sacramento, CA 95834

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### OFFICE USE ONLY

_____ Candidate contacted	_____ Request approved
_____ Documentation verified	_____ Exam date
_____ Request denied	_____ Accommodation letter sent

Comments:

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Professional Verification for Reasonable Accommodation Documentation

Candidate Name \_\_\_\_\_

Use of this form by a licensed or certified health care professional is optional. However, if this form is not used, all the information requested must be provided on official letterhead stationery of the licensed or certified health care professional or the request for accommodation will be incomplete and cannot be processed.

Please print clearly

1. Describe the credentials and experience, which qualify you, the licensed or certified health care professional, in the specific disability area to make the determination of the disability and the recommended accommodation.

2. What is the nature of the candidate's medical condition?

3. What effect does the medical condition have on the candidate's ability to perform under standard testing conditions?

4. What special provision or modification is the medical authority recommending?

\_\_\_\_\_  
Professional's Name (Print)

\_\_\_\_\_  
Professional License or Certification Number

\_\_\_\_\_  
Title

(\_\_\_\_\_) \_\_\_\_\_

Telephone Number

\_\_\_\_\_  
Institution/Business Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date